



KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection
107 Corporate Dr.
Frankfort, KY 40601

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APPLICATION FOR GRAIN DEALER/WAREHOUSE LICENSE
July 1 to June 30

Application Date _____ Signature _____

☐

FIRST TIME LICENSED BUSINESS (Never been licensed)

☐

LICENSE RENEWAL. If previously licensed, indicate license number and name:

Business Information:

Physical Address (911 address, street, or highway)

Business Name: _____

Address: _____

City: _____ State _____ Zip _____

County: _____ E-mail: _____

Business Phone: (_____) _____ Fax: (_____) _____

Owner/Operator: _____ Contact: _____

Mailing Address: (address specific for business physical location)

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Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

Attention Line: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Billing/License Renewal Address:

Complete the following if your billing address is different than the business location and/or mailing address.

Billing Name: _____

Address: _____

City: _____ State _____ Zip _____

Business Phone: (_____) _____ Fax: (_____) _____

Contact: _____ E-mail: _____

LICENSING FEE is based on bushels purchased in the previous year. See Fee Schedule for details. Make checks payable to the KENTUCKY STATE TREASURER. Please return your application, financial statement, and fee to the above address. All facilities need to carry a Letter of Credit, Certificate of Deposit, or a bond. If you are a new licensee, please call the office for assistance.

GRAIN LICENSE QUESTIONNAIRE, Page 2.

Applicant is: ☐ ASSOCIATE ☐ CORPORATION
 ☐ INDIVIDUAL ☐ PARTNERSHIP

Dollar amount of grain purchased from producers: \$_____

Total number of bushels purchased last fiscal year: _____ bushels.

First year applicants must give an estimated dollar amount for the amount of grain purchased and an estimated amount for the number of bushels purchased. Renewal applicants must give the amount for the 12 months ending as of the last fiscal year closing.

Do you store grain for others? ☐ YES ☐ NO

Do you buy grain from producers? ☐ YES ☐ NO

Type of business: ☐ COUNTRY ELEVATOR ☐ FARMER DEALER
 ☐ FEED MILL ☐ GRAIN PROCESSOR
 ☐ SEED DEALER ☐ SUB TERMINAL
 ☐ TERMINAL ☐ TRUCKER DEALER

Total Bin Capacity (Bushels): _____

Is grain purchased only in connection with or incidental to some other business? ☐ YES ☐ NO

Do you offer delayed pricing? ☐ YES ☐ NO

Fiscal Year closing date: _____

 (Month) (Year)
Are you a Federally licensed facility? ☐ YES ☐ NO

Do you have a Uniform Grain & Rice Storage Agreement (UGRSA)? ☐ YES ☐ NO

Do you have a grain moisture meter? ☐ YES ☐ NO If yes, how many do you have? _____

Please list identifying information for each grain moisture meter below:

Manufacturer: _____ Model/Serial # _____
Date this meter was last inspected? _____/_____/_____

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Date this meter was last inspected? _____/_____/_____

If additional space is needed, please attach a separate page.

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the corporation, if incorporated, where designated by the "X".

X _____
Signature Date

Manager's Signature Date

You must list names, titles, and addresses of all officers of the business:

President: _____

Secretary: _____

Treasurer: _____

Registered Agent: _____

Manager: _____

Please return your financial statement, application, and fee to the above address with a check made payable to the KENTUCKY STATE TREASURER.